

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10 562261

12-21-05

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		2				
6		2				
7	1					
8		1				
9		1				
10		2				
11		1				
12		2				
13		1				
14		1				
15		1				
16		2				
17		2				
18		1				
19		1				
20		2				
21		1				
22		1				
23		1				
24	1					
25	1					
26		2				
27	1					
28	1					
29						
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48						
49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	30	←		←		←
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						